SCHOOL PHYSICIANS' BULLETIN

Vol. III JANUARY, 1933 No. 1

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Calcium Deficiencies IN TUBERCULOSIS

IN a study of 154 tuberculous patients Kaminsky and Davidson[1] found low calcium values to be more frequent than in normal subjects. Crimm suggests that a slight hypercalcemia may be desirable in the treatment of tuberculosis and employs viosterol for the purpose.[2]

Spies[3] and Levaditi and Po[4] found in experiments that viosterol has the special property of calcifying the necrotic and caseous portions of the tubercles. The latter state that a calcium shell is formed, probably the bacteria-inhibiting factor.

Hildebrand[5] notes that where the incidence of rickets is high, that of tuberculosis is likewise. Grant, et al.,[6] have shown ricketic rats to be more susceptible to tuberculosis than are non-ricketic animals. Bergmann[7] finds that both rickets and tuberculosis respond to treatment with irradiated ergosterol. Menschel speaks highly of viosterol for tuberculosis, stating that it inhibits the exudative processes and also checks nightsweats, fever, and hemorrhages.[8]

Present-day thought on calcium therapy in tuberculosis is well summarized by the following statement in the *Journal of the American Medical Association:*[9]

"In previous years certain chemical substances—principally the creosote series—were used to inhibit the growth, or to destroy, tubercle bacilli in the body. Tuberculosis workers have learned the inadequacy of such measures and these substances have been discarded almost entirely. It is felt that the improvement in the patient, consequent on the taking of a balanced dietary, with an adequate amount of mineral salts and vitamins, allows of an increased phagocytosis, which increases the destruction of tubercle bacilli. The improved condition of the tissues also enables not only a resorption of the inflammatory exudate in tuberculosis but a walling off of the tuberculous process, thereby preventing the spread of such disease. Calcium therapy in tuberculosis is considered one of the most important considerations. Calcium absorption is apparently dependent on the vitamin D function in the body."

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[1-10] *Bibliography on request.*

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School Physicians' Bulletin

Devoted to the interest and advancement of school physicians, and the services rendered by them.

Published monthly except July and August at 883 Broadway, Albany, N. Y.
Editorial Office, State Education Building, Albany, N. Y.

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SUBSCRIPTION RATES TO THE BULLETIN

Members, including dues	$2.00
Non-members	1.50
Single copy	.25

Advertising Rates furnished on application

Address all communications to the Business Manager, State Education Building, Albany, N. Y.

Entered as second class matter Jan. 8, 1931 at the Post Office at Albany, N. Y., under the act of March 3rd, 1879.

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Vol. III JANUARY, 1933 No. 1

SECOND ANNIVERSARY OF SCHOOL PHYSICIANS' BULLETIN

With this number the SCHOOL PHYSICIANS' BULLETIN begins its third year of publication. During its first two years more than 20,000 copies have been printed and distributed to members and subscribers in 39 States, in nearly all of the Canadian Provinces and in several European countries

Though a new enterprise, launched among many other medical publications, in a period of financial and professional depression, its success in many ways, has been gratifying from the beginning.

Its publication, as often announced, has been made possible by the generous support received from enterprising and appreciative advertisers.

Its subject matter, from many reports received, has been rather satisfactory. Successful as it may appear, much remains to make the BULLETIN even more interesting and valuable to its readers.

It needs to be made more representative and expressive of the entire Association. It needs to contain more news items from the field, from hundrds of members who are daily meeting with valuable experiences that would be of assistance to others. It needs to be made more of an *Every Member Bulletin*, where questions can be asked and answers given.

That such is not being done more often is just a matter of habit, a reluctance on the part of many physicians to appear in print, an inherent desire to avoid publicity, so long in vogue in the medical profession.

But as school physicians we should be willing to assist each other. To do so is the paramount purpose of the Association.

We can not best accomplish this purpose by remaining silent. Let others know what you are doing. They will do the same for you. When we *all* do so the BULLETIN will become what the Association seeks to make it, *Your Organ of Expression.*

Good health and good sense are two of life's greatest blessings.—*Publius Syrius.*

To *cure* is the voice of the past, to *prevent* the divine whisper of today. —*Kate Douglass Wiggin.*

SUMMARIZED STATEMENT OF RECEIPTS AND EXPENDITURES AND AMOUNTS DUE FOR SCHOOL PHYSICIANS' BULLETIN FOR THE YEARS 1931 AND 1932

FOR THE YEAR 1931

Expenditures		*Receipts*		*Still Due*
January	$181.95	January	$238.45	
February	182.80	February	178.82	
March	159.46	March	212.66	
April	157.09	April	196.76	
May	165.08	May	182.06	
June	154.59	June	183.98	
September	201.14	September	248.00	
October	177.24	October	242.54	
November	158.65	November	212.12	
December	162.59	December	219.57	$5.00
	$1700.59		$2114.96	$5.00

TOTALS

Amount received $2114.96
Amount expended 1700.59

Balance $414.37

Still due $5.00

FOR THE YEAR 1932

Month	*Received*	*Expended*	*Still Due*
January	$169.40	$164.14	$45.40
February	183.02	170.52	38.40
March	214.12	162.47	38.40
April	171.32	165.71	18.00
May	156.37	165.73	18.00
June	133.80	158.77	.....
September	214.35	185.10	.....
October	214.41	165.65	7.00
November	110.87	166.01	61.00
December	.....	149.95	116.20
	$1567.66	$1634.05	$342.40

TOTALS

Received $1567.66
Expended 1654.06

—$86.40

Still due $342.20

Constitutional and Acquired Posture

JAMES FREDERICK ROGERS, M.D.

Consultant in Hygiene, U. S. Office of Education

As considered here, I am dealing only with the antero-posterior aspect of posture, that is, with the body as seen from the side. I am leaving out of account, therefore, lateral curvatures, unequal shoulders, faulty conditions of the feet, etc., and I am dealing with what we consider normal persons.

The current teaching and practice in regard to posture may be summed up as follows: (a) There is such a thing as "good" and there is such a thing as "bad" posture, though just why these adjectives are applied I have never seen stated. (b) We have certain posture tests which are said to distinguish good from bad posture. (c) It is taught that good posture carries with it better health, better mentality, and better morality, though since we cannot draw a sharp line between good and bad posture, how can we be sure that the person under consideration is definitely healthy or surely moral? (d) It is, of course, taught that a certain kind of carriage adds to the total impressiveness of the person,—in other words, makes him aesthetically attractive with which statement we can hardly quarrel any more than we can with the conclusion that a person of a certain type of facial features is good to look upon. (e) It is taught that posture can be changed by sufficient efforts along a certain line.

So much for the general drift of present theory and practice concerning posture.

When I entered a school of gymnastics some thirty years ago I was informed that I had a poor posture. All the resources of foreign and domestic gymnastics were brought into play under very able teachers, including two orthopedic surgeons, but, at the end of two years, no one told me, and there was no evidence, that I had a fine or even fair posture, although my shoulders were probably a trifle farther back and, since I was granted a diploma from the school, I naturally carried my head a little higher.

Then came a few years of handling children of all ages in classes and in orthopedic clinics, and a long observation of the pupils of others and especially of professional students in physical education. I failed to get, or to observe in the work of others, the results I had been led to expect. I do not mean that there was no improvement. There was often some lifting of the head and some retracting of the shoulders, but that was about all I could make out.

One of our largest cities is fortunate, or unfortunate, in having in its public schools a very detailed organization for corrective work carried on in special clinics by special workers with special appliances. In the

elementary schools about ten per cent of children of all ages are labelled as having poor posture. Sixty-one per cent of the poor postures in elementary school children were corrected in the posture clinics. Now, if my mathematics are not at fault, this leaves about four per cent with poor posture when they enter junior high schools. One is somewhat shocked, therefore, to find that of the junior high pupils twenty per cent have poor posture. However, twenty-five per cent of this twenty have the defect corrected so that at high school age there should not be more than fifteen per cent with poor posture. However, in the senior high school twenty-five per cent are labelled as having poor posture. The significant thing is that no change for the so-called "better" has been brought about by all this elaborate and up-to-date machinery and with all of this expenditure of time and money.

It is interesting that in the posture classification of students in a university of this same city, twenty-two per cent are placed in the "D" group!

Classifications, posture-wise (according to current practice) of 25,000 children in one city and 9,000 in another, show that, although these children have been trained rather intensively by physical educators, to stand and walk and sit "correctly," no change takes place in the percentage in each posture grade from the time of entrance to the time of leaving school.

The lack of results of posture work at all ages, so far as the production of actual change in the antero-posterior curves of the spine is concerned, made me suspect long ago that, with all its elasticity, the spine is practically unchangeable under normal conditions,—that our individual postures date from a very early period and probably run back into heredity and that they cannot be essentially modified by mere exercise at any period of life.

Some years ago I visited a Day Nursery and made records of the posture of all the children. These children were from two to six years of age, only one being over four. Two showed marked evidence of rickets. I was struck at once by the variety of postures already present at three years. While one of the children with marked signs of rickets might belong to the "C" or "D" posture class, the worst specimen, an Italian child with decided bow legs, certainly ranked in the "A" grade.

It was my intention to follow these and more children as far as I could keep track of them until they were in high school, but I had to abandon this study except for one child of whom I have tracings of the back at 4½, and each year from 7 to 15, inclusive. Notwithstanding that this child has attended school and has had some severe illnesses, there is practically no change in his carriage.

It is evident from these data that there is from early years a great variety of anterior-posterior curves and hence of postures and that the characteristic posture of the individual does not change unless affected by some extraordinary condition.

Are these individualistic curves of the spine (and hence, personal postural traits) hereditary? I have the curves of the father and mother of this last child. The mother has a good posture, though at school age she assumed at home and still often assumes the worst possible attitudes for hours when reading. The curve of her back is identical with that of her child. The father belongs to the so-called "C" class and the father's father had a practically identical curve. On the mother's side, both grandparents had what we call a good posture. This child gets his spinal build from his mother.

From such data as I have been able to collect, it seems plain that our posture work along the lines popularly indicated comes to naught. It is on a par with our late efforts to make everybody measure alike and weigh alike.

How did we get this way? I think it is due to three things: (1) The unquestionable fact that the human spine is elastic. (2) The fact that under mental and physical depression, fatigue, and disease we tend to droop, for the time being at least, from approximation to a vertical line. (3) The fact that in our idealism we mix physique with aesthetics more than is good for us.

As regards the "D" end of the posture chart, which we seem to shun as we would the plague, we have the statement of one of our universities to the effect that this "group is widely recognized as the tuberculous type, that these individuals are short winded and tire easily. They are usually poorly nourished and offer a low resistance to infections of all kinds." There is also the common statement about embarrassment of the lungs and heart action, for all of which there is no good foundation. In fact, a study in another university showed no such correlations. Even the tuberculous, in their early stages, or at any rate those of school age, do not show any effect on posture.

The Public Health Service has just completed a study of posture of 2,200 normal boys and men in which they were unable to find any relation between posture and health. The results of a study in the Uniiversity of California were similar.

I want to give the posture classifiers credit for making an interesting discovery which, however, they did not discover themselves. There are four types or there are forty types, as you please, but they represent simply the normal distribution of human spines and the average of normal spines lies for the present near the line between "B" and "C" and not in "A." This B-C spine is probably the best for all purposes, if there is a best; but, while we may envy it, some of us at the "A" and "D" ends of the curve will always be considerably removed from it.

I think we may conclude from all this that: (1) There is no evidence whatsoever that posture is essentially influenced either by general or by special posture exercises. (2) There is ample evidence that, like all our

other features, physical and mental, posture is an inherited trait bound up with the complicated physique handed down through millions of years and is not to be tampered with lightly for artistic purposes. (3) Students may be classified according to four or forty types, as regards their general build, but the usual law of distribution holds except as it may be affected by injury or disease, including occupational stress and strain. The occupation of going to school does not, however, seem to affect it to any serious degree. (4) Posture grading has been done essentially for aesthetic reasons and it is not unlikely that there is a basis for our aesthetic selection in that we are unconsciously shunning true deformity which is likely to be found at the "D" end of the posture scale.

It is manifestly unfair to seriously compare children as regards posture. It would be just as unfair as to classify them as beautiful, plain, homely and ugly. We cannot standardize the human body.

Although the type of posture (the constitutional posture) is fixed within narrow limits by heredity, so far as change toward the "A" side is concerned we are all aware that under conditions of mental depression or of fatigue and illness both children and adults tend toward a dropping of the head and shoulders. Apparently this does not occur often in school children, but when it does occur it ought to set the medical officer on the alert for some serious underlying condition. It is not his business to tell the child to stand straight, but to see that the emotional or physical states producing the depression are removed.

It can be taken for granted that children, when they enter school, have about as good posture (provided they are in reasonably good health) as they can have. At any rate, they are not likely to change to what we have been considering a better type. However, it is our business to see that they do not lose their normal types and do not become less aesthetically pleasing.

Corrective Gymnastics

K. G. HANSSON, A.B., M.D.
New York City

The subject of corrective gymnastics has always been associated with physical education. In fact, most of our therapeutic exercises today we owe to physical education. They have been forced on the medical profession, often against criticism and obstinate resistance due to ignorance. In spite of all resistance, corrective gymnastics have found their place in most of our schools as part of the gymnastic program. This progress has been slow and much remains to be done.

Being connected with one of the largest orthopedic hospitals in the country, I have an opportunity of seeing a great many school children referred for treatment by their physical education teachers. At the hos-

pital for the Ruptured and Crippled in New York City, we have over 600 children registered in the corrective gymnasium and probably an equal number who receive their treatment in the schools but return for observation at the hospital. Another encouraging development has been noticed the last few years and that is the increasing numbers of school physicians who visit the hospital to study the care of corrective cases. These doctors are mostly young women and their interest is most encouraging. In the future we may see a new type of school physician who is specializing in both pediatrics and preventive orthopedics.

I know of no other place where these difficulties have been overcome but Los Angeles, California. In the city schools of Los Angeles the most efficient organization for the care of corrective cases has been built up by Doctor Sven Lokrantz. I know of no other place in this country or in Europe where any similar organization exists and I sincerely hope that the Lokrantz system of Los Angeles may be adopted in all our city schools. Only through such an organization can we hope to discover early physical deformities and by instituting early treatment prevent many of the severe disabilities that now throng the orthopedic hospitals.

From a consideration of embryology, we learn that although the pattern of our body is determined already in the chromosomes, the details of this pattern are modified by our environment. With environment here, we mean any influence that is not inherited, such as sickness, food, occupation, etc. We can all recognize the West Point training in the old retired army officer. He has been taught a certain position of the body and, after continuously returning to this position, he maintains it without being conscious of it. In other words, he has undergone certain corrections which keep for life. In the old-fashioned cobbler we see, as a result of enforced flexion of the trunk during his work, a spine developing that will ultimately lose the physiological curves and even produce changes in the vertebrae.

Many other examples could be mentioned that show conclusively that our body mechanics can be changed by training. This short review of occupational changes in the body gives us a clue to the type of exercises to be used in corrective gymnastics. Exercises of position determine the body mechanics, while motion in itself will develop muscles. This is worth considering because of the late fad of dancing teachers masquerading as exponents of corrective gymnastics. It also condemns Niels Buhk's gymnastics for corrective purposes.

The practical value of recent experimentation may be formulated as follows: If proper position of the body be maintained by conscious effort for a short time repeatedly, then the increase of reflex tonus obtained by such position will serve to maintain the proper attitude without the patient requiring to give the matter thought or attention. This is the fundamental principle of corrective gymnastics.

STANDARDS

The human body cannot be standardized and therefore individuals cannot be made to conform to any definite preconceived standard,—physically, mentally or spiritually. However, the mind has always associated certain traits with *health* and others with *disease*. Such association of ideas of health and disease will unconsciously be crystallized into groups. It is from such systematized experience that we benefit when confronted with a new problem.

The standards of body mechanics most used are those given out by the Children's Bureau, Department of Labor, Washington, D. C. These standards are based on study of adolescent or adult individuals. However, they are also used as a criterion for children in the first decade of life. These children get a very unfair rating many times and the parents are often unnecessarily alarmed. We must have special standards for first decade children and such standards must be halfway between the prenatal appearance and the above-mentioned standards. We have worked out such a first decade standard which differs especially from the adolescent one in the greater relaxation of the joints, lower chest and more prominent abdomen.

Some years ago I was struck by the great numbers of severe scoliosis found among children compared to the very few cases of similar deformities among adults. I became interested in the work done by Du Bois, May, Wilson and Meyer on vital capacity and began to apply their methods on all children sent to the corrective gymnasium. The result has not yet been published but I believe that it is safe to say that a surprising number of children with faulty body mechanics and deformities show very low vital capacity. I also found that the vital capacity does not always correspond to the degree of deformity. I suspect that a severe deformity with a low vital capacity is a poor prognosis for adult life. This probably accounts for the few scoliosis patients among adults.

TREATMENT

Therapeutics in any field must be directed against the cause in order to be successful. Therefore we must look at corrective gymnastics in the proper prospective. The exercises are only one phase of the treatment. Many of our cases of poor body mechanics are due to fatigue and it would be a great mistake to prescribe exercises for such children and would only add to their disability. The importance of rest must be realized so that the oxygen debt incurred by physical activities is liquidated by proper rest periods between exercises.

A most important correction can be obtained during the night. By having children sleep without pillows or by using a small pillow under the shoulder blades, or better yet, by using a convex frame, a great deal of correction can be obtained during sleep when the body is relaxed. In dealing with correctible deformities very little can be accomplished

without the patient's mental coöperation. This psychological part of the treatment deserves more emphasis than is usually accorded it.

When it comes to the consideration of actual exercises to be used, we can only lay down certain principles here. We have already referred to the value of exercises of position over those of movement when correction is considered. We can therefore summarize our guides for corrective gymnastics as follows:

1. They should be exercises of position.
2. They should be exercises which harmonize with the primitive position reflexes of ancient and inherited origin and which produce the optimum standing mechanism in man.
3. The choice of exercises of position must also reflect a knowledge of the phylogenesis of muscles and a realization of the importance of centrifugal movements.

My plea is to school physicians, physical education teachers and health workers for a better understanding and appreciation of corrective gymnastics. This is especially important when we deal with children during the plastic period of life.

Although we must accept any form of corrective gymnastics which can produce improved body mechanics, which in turn will stimulate the internal organs to better function, such results must be proven, and my plea is for more and better records. Corrective gymnastics in the past has often been too much of an art. Let us hope that in the future it will be less of an art and more of a science.

PERSONAL IDEALS

"I have had three personal ideals. One to do the day's work well and not to bother about tomorrow. It has been urged that this is not a satisfactory ideal. It is; and there is not one which the student can carry with him into practice with greater effect. To it, more than anything else, I owe whatever success I have had—to this power of settling down to the day's work and trying to do it to the best of one's ability and letting the future take care of itself.

"The second ideal has been to act the Golden Rule as far as in me lay, toward my professional brethren and toward the patients committed to my care.

"And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with courage befitting a man."—*Dr. William Osler.*

"The world is a looking-glass and gives back to every man the reflections of his own face. Frown at it and it in return will look sourly upon you; laugh at it and with it, and it is a jolly, kind companion."—*William M. Thackeray.*

GENERAL COMMITTEE DECISIONS OF THE COMMITTEE ON FOODS

of The American Medical Association, November, 1932

There has been issued very recently a group of "General Committee Decisions of the Committee on Foods of the American Medical Association," (November, 1932).

Concerning "feeding formulas for infants in lay advertising," the committee feels that every infant should be "under the supervision of a physician experienced and skilled in the care and feeding of infants; and that "the feeding of an infant by routine feeding formulas and instructions distributed by food manufacturers, or according to directions, printed material, or advice of any person other than the attending physician who can personally observe the condition of the baby, may seriously endanger the health of the infant"; and that "the promulgation of feeding formulas in advertising to the laity is considered to be in conflict with the best experience, authoritative judgment, and basic principles in infant feeding and is not permissible. No objection is taken to published directions for the preparation of mixtures for use in infant feeding."

The committee recommends, too, that comparative claims be used instead of superlative ones. For instance, " 'One of the best' instead of 'the best'; 'an ideal' instead of 'the ideal'; 'one of the richest' instead of 'the richest'; and similar forms of expression exemplify possible acceptable claims in instances in which the specific superlative statement is not permissible."

"Names of foods including the academic titles 'Doctor' or 'M.D.' accompanied or unaccompanied by the name of a person lend themselves to misleading or deceptive advertising of a medicinal, quasimedicinal or therapeutic character and are not permissible."

"Vague claims of recommendation, approval or use by physicians, health or medical authorities, nurses, dietitians, hospitals and sanatoriums for specific foods and statements of similar import in food advertising are misinformative and convey misleading implications of unique nutritional or therapeutic values, or that these professions or institutions as bodies have specially investigated and passed scientific or professional judgment upon the particular products, which is not true to fact."

"Claims that the mastication of specific foods 'keeps the teeth and gums clean and healthy' and equivalent statements are meaningless, misleading and deceptive by implication and are not permissible."

"Special recommendations for children are not permissible for foods consisting largely of chocolate or cocoa which contain considerable quantities of theobromine and caffeine; no objection will be taken, however, to such recommendations in the case of foods that are merely flavored with chocolate or cocoa and which, in quantities likely to be consumed, are free

from any probably effects due to theobromine or caffeine, provided the recommendations are permissible for the basic foods themselves."

"There is no satisfactory evidence that gelatin increases the digestibility of milk or milk products. Such claims are not permissible."

"Vitamin claims shall stipulate the specific vitamin or vitamins present . . . . Relative distribution of the vitamins in the various foods is presented in tables by Sherman (Chemistry of Food and Nutrition, 4th edition, 1932) and by a committee appointed jointly by the Lister Institute and the Medical Research Council of England (Vitamins: A Survey of Present Knowledge, 1932). These tables should serve as a guide for comparative vitamin claims for foods in advertising."

"Foods with cellulose roughage not lost in digestion increase the bulk of the intestinal contents, favor its onward movement, and tend to prevent stagnation or dietary constipation due solely to insufficient roughage. Regularity of habit and ample roughage are prime requisites to the proper functioning of the colon. The relative laxative values of foods not containing non-cellulose substances with a specific laxative effect (as prunes or figs) may be roughly estimated from their crude fiber contents."

Constipation may be due to causes other than those of dietary or roughage origin. Advertising to the laity shall refer to constipation due to insufficient roughage or food essentials only. This is considered an important requirement in the interest of the health of the people. Cases of constipation not yielding to the regular ingestion of foods providing considerable roughage should be under the care of a competent physician. A permissible claim for a roughage food follows:

> Constipation due to insufficient roughage in the diet should yield to . . . eaten regularly. A competent physician should be consulted for cases not corrected in this simple manner.

Wheat bran has laxative value due predominantly to the fiber content and not to phytin or other constituents. Whole grain cereals, and vegetables and fruits in general are excellent sources of roughage. Bran itself may be irritating to sensitive bowels; the indigestible cellulose of vegetables and fruits is much less irritating.

Reviewer's Comment. Since the false claims presented to the public in advertising material offer one of the most potent obstacles to the proper teaching of health and hygiene, it is peculiarly essential that school physicians and others in contact with educational efforts to give safe and adequate health instruction, should be adequately informed and familiar with not only the "General Committee Decisions," but also the "Rules and Regulations of the Committee on Foods" of the American Medical Association, issued in September, 1932. It is unfortunate that a considerable proportion of our time and energies have to be used to dissipate the false concepts created by misleading advertising. CHARLES H. KEENE, M.D.

COMMUNICATIONS FROM THE FIELD

Yonkers has a population of 135,123. The registration in our public schools in 1931 was 25,161. The parochial and private school registration was about 6,690. The total school population is about 35,851. For several years the school and health authorities of the city have coöperated in a campaign to control diphtheria. Teachers, parents, physicians, dentists, nurses, civic organizations and others have participated in the program. The results accomplished are clearly indicated in the following:

DIPHTHERIA IN YONKERS

1927	438 cases;	23 deaths
1928	152 cases;	11 deaths
1929	66 cases;	4 deaths
1930	31 cases;	2 deaths
1931	39 cases;	1 death
1932	13 cases;	0 death

DIPHTHERIA PATIENTS TREATED AT THE CONTAGIOUS HOSPITAL

1927	251	1930	20
1928	87	1931	36
1929	47	1932	8

Most of the Toxin-Antitoxin administrations were given in clinics held in school buildings. Preschool as well as school children were immunized. In some schools every pupil was immunized and given protective treatment.

Our city is now practically free from the incidence of diphtheria, thanks to the efficiency of toxin-antitoxin and its successful administration to childhood. We hope and expect to keep up the good work.

Very truly yours, ELTON G. LITTELL, M.D.,
Yonkers, N. Y., January 10, 1933. *School Medical Inspector*

DIPHTHERIA TOXOID OR TOXIN ANTI-TOXIN

School Health News published by the Cleveland City Health Department recently contained an interesting article on the use of diphtheria toxoid and toxin anti-toxin in the parochial schools in the city.

It is written by Dr. J. G. Smith, Chief of School Health Service.

It says in part:

DIPHTHERIA TOXOID

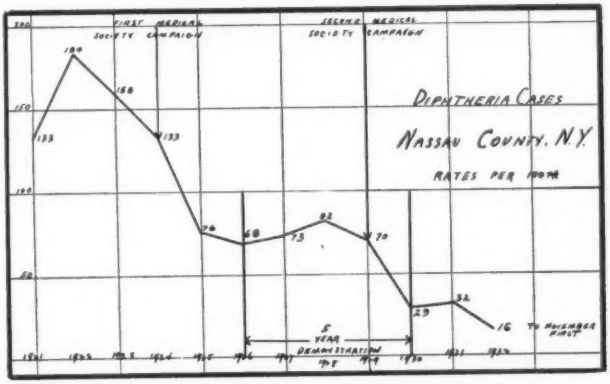
"The Division of Health is now using toxoid which has advantages over toxin anti-toxin in that (1) It is more effective, (2) Requires fewer doses, (3) Produces immunity more rapidly, (4) It is serum free, (5) It is nontoxic, (6) It is more stable and is not affected by freezing."

CHANGE FROM TOXIN ANTI-TOXIN TO TOXOID

"The change from Toxin Anti-toxin to Toxoid was recommended by the committee on diphtheria immunization of the Academy of Medicine. Toxoid will also be given to babies in the infant welfare stations. In the schools it will be used up to the age of eight years. The same program is being followed in the public schools."

SCHOOL PHYSICIANS' BULLETIN:

The Medical Society of Nassau County, N. Y., was one of the first organizations of any kind to sponsor an anti-diphtheria campaign, according to an article appearing in the November issue of the *Nassau Medical News*.



On February 26, 1924, the Society adopted resolutions urging the immunization of all children "especially those below the age of 10 years," and pamphlets were printed for distribution to "all health officers, school physicians, school boards and Parent-Teacher Associations, and to all nurses engaged in public health or school work . . . with the request of the Society that they aid in the furtherance of this work."

Inauguration of this campaign was followed during 1924, 1925 and 1926 with a reduction in diphtheria cases in the county as is shown by accompanying illustration. During the next three years of the five year demonstration period, when the combined forces of the State were directed against diphtheria, the case rate in Nassau County took no further decline, but in 1930 the Medical Society started a new campaign directed primarily against pre-school children with the result that the case rate dropped from 70 in 1929 to 16 up to November 1st of this year.

The Society feels that this sharp decline confirms its judgment that the solution of the diphtheria problem lies in the immunization of the young child, and justifies its feeling that the emphasis should be taken away from the immunization of the school children and directed toward the family physician and his responsibility to the infant.

Glen Cove, N. Y. J. WESLEY BULMER, M.D., *President*

MOUTH HYGIENE

Mouth hygiene means mouth health, and that involves cleanliness, dental repair when necessary, nutritious food to build up resistance to disease, and teeth that function normally as the first step in food digestion, according to the department of health of the State of Maryland.

DIPHTHERIA STILL TAKES HEAVY DEATH TOLL

Diphtheria annually takes a toll of from 250 to 300 lives in the State of Oklahoma alone. It is a needless sacrifice because diphtheria is absolutely preventable and can be wiped out. The department of public health in that state has waged an intensive campaign against this disease to arouse the parents out of their indifference. The message of the department of health of the State of Oklahoma is applicable to the country in general. Since all weapons necessary to fight this enemy are in the hands of the medical profession, there is no reason why diphtheria should continue to occupy third place among the communicable diseases in the cause of death. Children between the ages of six months and twelve years who have not yet been immunized against this dreadful disease should be protected by the injection of toxoid.

SCHOOL PHYSICIANS' BULLETIN:

In Rome, N. Y. we have found the following of great assistance in our health work in school:

TEACHER'S HEALTH GUIDE

It is the duty of teachers to help to preserve the health of pupils by cleanliness and prevention of disease. It is through the prevention of communicable and other diseases and the elimination of defects that she can make better students and maintain good attendance.

A brief morning inspection of pupils may aid every child in cleanliness, better health, better attendance, and better grasping of things taught in the classroom—a better preparation for the physical, mental, and moral battles of life.

THINGS THAT CAN BE EASILY OBSERVED BY THE TEACHER

1. DIRT: About face, neck, ears, and hands. Such child should be sent to the wash room to wash up.
2. NITS and DIRTY HAIR: Such pupil should be sent to the nurse.
3. GENERAL UNTIDINESS: Such pupil should be advised by the teacher on the importance of coming to school tidy.
4. RUNNING EYES or NOSE: This may be measles or cold. Such child should be sent immediately to the nurse or health supervisor for exclusion.
5. FLUSHED FACE: May indicate a temperature and the coming down with some illness. Such child should be immediately referred to the nurse or the health supervisor for advice.
6. RASH: About face, neck, ears, and hands. It may be scarlet fever, measles, chicken pox, scabies, impetigo, ring-worm, hives, or some metabolic condition. Such pupil should be immediately sent to the nurse or the health supervisor for advice and proper disposition.
7. CLOTH ABOUT NECK: May indicate sore throat or boil on

neck. Such child should be immediately sent to the nurse or health supervisor.

8. DEVIATION FROM USUAL APPEARANCE OF HEALTH: [The teacher is generally familiar with the pupil's usual appearance.] This may suggest illness, fatigue, or loss of sleep. Such pupil should be sent to the nurse.

9. HEADACHES: May indicate defective vision, constipation, stomach condition, or onset of illness. Such child should be referred to the nurse or health supervisor.

10. COUGH: May not be seen but can be heard. It may be bronchitis, throat irritation, congestion of lungs, or whooping-cough. Such child should be immediately referred to the nurse or health supervisor.

Please keep this health guide constantly on your desk for reference.

Kindly report promptly to the nurse or health supervisor anything that looks contagious or of a communicable nature for the safety of the pupils as well as your own protection.

MICHAEL LEVITAN, M.D.,
School Health Supervisor

DIRECT CONTACT WITH FAMILY PHYSICIAN IS URGED

Economic depression with lowered incomes results in malnutrition, exposure to the elements and postponement of suitable medical and surgical attention to disease in its earlier stages, *The Journal of the American Medical Association* points out.

"Another serious effect has been the inability of various communities to carry out the usual systematic inspection of school children and indeed much of the technic associated with the control of communicable diseases. In some communities the number of school physicians and school nurses has been greatly reduced. In this emergency it has been suggested that the medical profession offer, without question of remuneration, to make suitable physical examinations of children entering school or at any time during the school year and to notify parents promptly of the presence of correctable defects or controllable disease . . .

"The plans, as suggested, have the merit of bringing children and their parents directly into contact with the family physician. The measure is especially important in providing evidence that the family physician can take care of most of the complaints that afflict mankind at a lower cost than they can be handled by any other means and probably with better satisfaction to the majority of patients."—*Hygeia*, January 1933.

Happiness in this world, when it comes, comes incidentally. Make it the subject of pursuit, and it leads us a wild-goose chase, and is never attained. Follow some other object, and very possibly we may find that we have caught happiness without dreaming of it.—*Nathaniel Hawthorne.*

TUBERCULOUS INFECTION AND TUBERCULOUS ACTIVITY

All of the 194 freshmen of a New York State Normal School were recently given the tuberculin test. Sixty-nine or thirty-five per cent gave a positive reaction. All of the positive reactors were x-rayed and given a thorough physical examination. A careful clinical record was made of each of this group. Not a single case of active tuberculosis was found. This is a remarkable showing.

The students attending this school come largely from rural sections. They evidently had not been frequently exposed to massive tuberculous contagion.

A similar study is to be made in all of the State Normal Schools.

The State Department of Education and the State Department of Health are participating in the study.

ONSET OF TUBERCULOSIS IS DETERMINED BY THREE FACTORS

"Almost every one becomes infected with the germs of tuberculosis at some time in his life," says the Iowa state department of health. "There is a difference however between becoming infected and developing the disease. Development of the disease depends on three conditions: (1) the size of the dose, (2) the opportunity for frequent or prolonged exposure and (3) the ability of the body of the exposed person to overcome the germs of the disease. The cells of a healthy body or of one with good 'resistance' will attack the germs and destroy them before they can become destructive. If this happens (and it does happen to the most of us) there are usually no unfavorable effects and illness does not result."

COMMUNICABLE DISEASE

"Every case of communicable disease should be promptly reported. The patient should be isolated to prevent contacts. Doubtful cases should be treated likewise until diagnosis is certain. These precautions in the schools should be rigidly observed especially in regard to smallpox and diphtheria. A school epidemic is a costly experience—to parents in anxiety and worry, to the school authorities in expense, and to the stricken child, most of all."—*Louisiana State Board of Health.*

VALUABLE MATERIAL AVAILABLE

The Office of Education, Department of the Interior, Washington, D. C., has just issued a Self-Survey Form consisting of a series of questions which the surveyor can ask himself. The interrogations cover: (a) the physical condition of the school plant, (b) mental conditions of the school influencing health, (c) bodily conditions of the child, and (d) the teaching staff. This self-survey outline may be obtained by members of this Association from the Office of Education on request.

FIRST AID EQUIPMENT FOR SCHOOLS

Safety Education has recently requested the coöperation of the SCHOOL PHYSICIANS' BULLETIN in setting up a Standard First Aid equipment for schools. That such standardization is much needed is certain.

Before making our contribution, the SCHOOL PHYSICIANS' BULLETIN wishes to get suggestions from many members of the Association who have had much experience in the use of such an equipment In setting up such standards consideration should be given to the size of the school to be supplied. What would be your recommendation for:

1. One Room Schools
2. Two to Four Room Schools
3. Five to Eight Room Schools
4. Nine to Twelve Room Schools
5. High Schools.

Use a separate sheet for each report. Suggestions should also be made as to the placement and operation of the equipment. General suggestions will be very helpful. Let the BULLETIN hear from you. Replies will be organized and subsequently published.

START CHILDREN EARLY TO FORM HEALTH HABITS

In order to offset the strain, mental and physical, of growth, of school life and of modern conditions of living, the growing child needs the opportunity to start the day off right. Sufficient sleep and an unhurried substantial breakfast will prepare him for his work at school. After hours in school the child needs adequate time for recreation and play, spent outdoors when possible.

Any mother who helps her children to establish such habits can feel that she is laying the best possible foundation for good general health, for steady nerves and for the power to resist disease, maintains Dr. Robert H. Riley, director of the department of health of the State of Maryland.

TONSILLECTOMY LESSENS SUSCEPTIBILITY TO DIPHTHERIA AND RHEUMATISM

In 1920, some 15,000 tonsillectomies were performed on children in Rochester, N. Y. Dr. A. D. Kaiser and Dr. E. S. Ingersoll who were active in the clinic, have since then carefully studied the after effects of the treatment. In a recent report they express the opinion that "the removal of tonsils did seem to lessen the susceptibility to diphtheria and rheumatism, but apparently had no effect on Scarlet Fever Infections." They emphasized "the newer medical philosophy to remove tonsils only in case of infection, and indicated the fallacy of the assumption that a tonsillectomy will cure all infections."

BUY YOUR SCHOOL SUPPLIES OF OUR ADVERTISERS

GOOD INVESTMENTS

In times like these invest in boys and girls. Men talk about buying stock at the bottom. When you invest in a boy or girl you are always buying at the bottom. You are sure that the youngster is going up and there is no telling how far. I invite every man and woman in America to take a flyer in Childhood Preferred. I predict a great future for this security. It has investment merit combined with the most speculative possibilities. You are sure to get a man or a woman; you may get a great man or a great woman.—*Bruce Barton.*

HEALTH PERILS OF YOUTH FROM 15 TO 19

Accidents, tuberculosis and heart disease are the three greatest hazards of life for young people between the ages of 15 and 19. Ranking in the order given, these three risks account for more than half of all fatalities in this age group.

Accidents are mainly a masculine hazard, while fatal tuberculosis is predominantly a feminine risk, although neither is necessarily so.

The biggest improvement since 1920 in this age group in resisting and overcoming disease was in the death rate from pneumonia and influenza, but these two along with other respiratory diseases fluctuate from year to year so that the improvement must be regarded as temporary or at least subject to loss.

On the other hand, substantial declines characterized mortality from tuberculosis, typhoid and heart disease, and this improvement may be accepted as positive. These permanent gains in health conditions have resulted largely from well planned preventive and control measures, the *Illinois Health Messenger* reports.

RESEARCH REVEALS MANY BLIND-DEAF

Five years' research has located 887 persons in the United States and 57 in Canada who are both deaf and blind, a report to the *American Braille Press* discloses. The exhaustive survey has been conducted by Mrs. Corrine Rocheleau Rouleau of Washington, D. C., and Miss Rebecca Mack of Cincinnati.

"As a class, the deaf-blind in our midst are not only the most heavily handicapped and the most lonely of all human beings, but also, as a class, the most neglected," declares Mrs. Rouleau, author of the report.

She relates how some of these unfortunate children have been placed in asylums for the feebleminded without proper trial, because the so-called intelligence tests are quite worthless in evaluating their potentialities.

In other instances they have been refused in schools for the blind because they were deaf or in schools for the deaf because they were also blind. In some instances no trained teachers were available. In other instances it was feared that such pupils would prove too difficult, expensive and burdensome.—*Hygeia,* January 33.

FALSE RUMORS CONCERNING VIOSTEROL DENIED BY DR. STEENBOCK

Every since viosterol was offered to the medical profession about four years ago, it has been attacked by various persons. Some of these attacks no doubt were sincerely motivated, but others were seized upon and exaggerated by interests who had no viosterol to sell.

Recently a new form of anti-viosterol propaganda has been reported by physicians all over the country. It is circulated by word of mouth—never in writing—and the apparent purpose is to influence physicians to prescribe vitamin D agencies other than viosterol.

Physicians are being told, for example, that Dr. Harry Steenbock has "condemned" viosterol, that the Wisconsin Alumni Research Foundation "would withdraw viosterol from the market in 90 days," etc., etc.

In answer to these malicious untruths, Dr. Harry Steenbock makes the following statement:

"Viosterol in its various forms has to date been found fully as valuable in medical practice as was anticipated at the time that it was first introduced to the American markets. Up to the present time there have been no reports of any untoward effects from its administration, although originally it was anticipated from the results of animal experiments that some cases of intoxication might result from its use in human medicine. . . . I see no necessity for reversing my original opinion as to its outstanding merits in any way whatsoever. Any statement to the contrary can be definitely labeled as false." (Signed) H. STEENBOCK

CROSS-EYED CHILDREN CAN HAVE EYES CORRECTED AT EARLY AGE

The National Society for the Prevention of Blindness recently issued a statement that is most convincing to mothers skeptical of the good that the medical profession can do in regard to the cross-eyed child. Dr. Luther C. Peter made the following statement:

"Parents may be assured that all cases of cross-eyes can be corrected, but it requires their heartiest coöperation and a willingness to put aside their prejudice and their lay ideas. As the treatment of the case is a purely technical matter which calls for the highest degree of medical skill, the treatment should be prescribed and outlined by a physician who is especially trained in the treatment of the eyes."

To correct cross eye, treatment should begin before the sixth year and preferably before the third year. Testing of vision, fitting of glasses, preventing lowering of vision in the weak eye, awakening of the fusion faculty, and operation when necessary constitute the several steps necessary to bring about perfect results.

Children of four years become conscious of this deformity and may develop an inferiority complex as well as suffer under the original physical handicap.—*Hygeia.*

I do not think much of the man who is not wiser today than he was yesterday.—*Lincoln.*

Today well lived makes
Every yesterday a dream of happiness,
And every tomorrow a vision of hope.
—*From the Sanskrit.*

BRIDGING THE CRISIS

IN all the Pneumonias, when the vitality is iow and the heart weak, the application of Antiphlogistine is often the bridge which will ease the discomfort, enable the patient to pass the crisis and to reach safely the point of resolution.

Not only is there a prompt assuaging of the pain, but dyspnoea is relieved, the action of the heart improved and a general soothing of the patient with induction of sleep follows the application of this thermogenic, relaxant, and resolvent dressing.

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AND NITS IN ONE APPLICATION

Send for Free Sample to Try on a Case of Pediculosis

One thorough application of CUPREX is usually all that is necessary to kill not only the vermin but also their eggs or nits.

CUPREX is easy to use—no tight-fitting cap or bandages are necessary. It saves time because it is so efficient.

CUPREX is harmless—will not irritate scratched or inflamed areas of the scalp, and will not injure the hair or skin.

Try CUPREX on a case—free. A sample will be sent to any School Physician upon request. Send coupon to Merck & Co., Inc., Manufacturing Chemists, Rahway, N. J.

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DEPT. K-18, RAHWAY, N. J.

Gentlemen: Without cost or obligation to me please send me a sample of Cuprex to try on a case of Pediculosis.

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City..... State.....

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The Shuron-Benz Portable VA Cabinet is small and light enough to be carried from room to room, and school to school. It is sturdy, complete and practical enough to be used wherever routine eye tests are made. There are three types of test characters—letters, alliterates and numerals. Illuminated from behind. Approved by Fire Underwriters.

For complete details write to the

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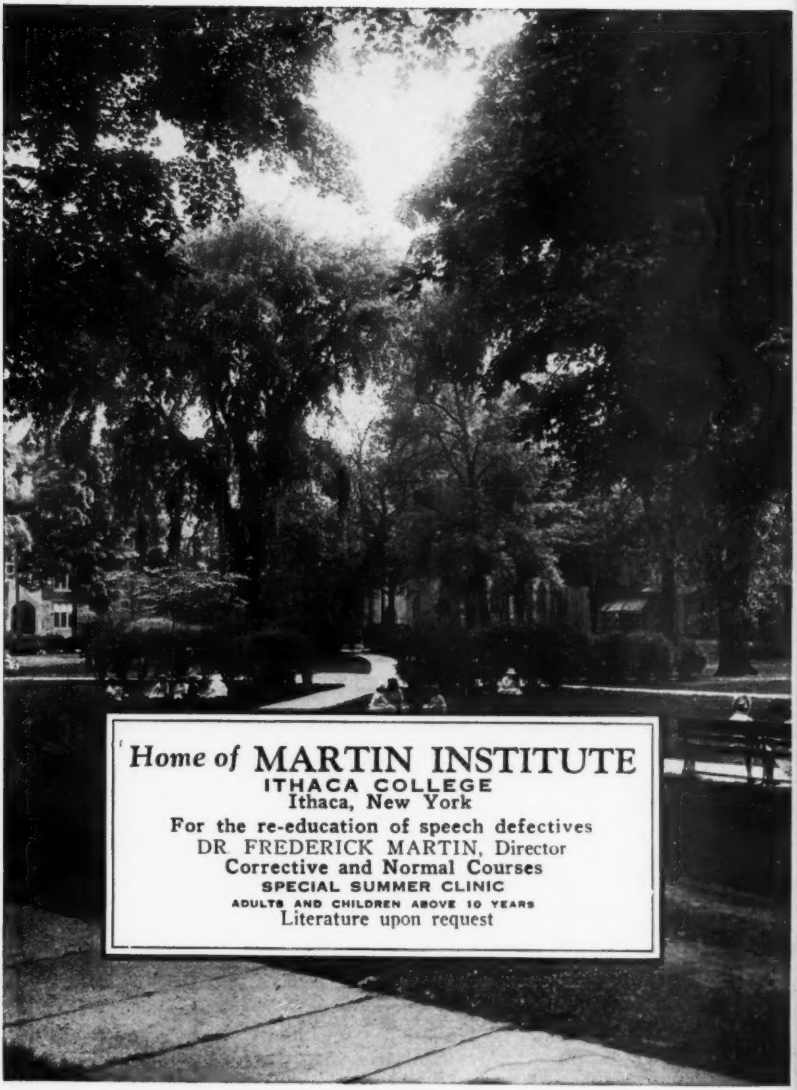
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